

SATURDAY, AUGUST 1, 1874.

ORIGINAL COMMUNICATIONS.

THE NERVOUS ACCIDENTS OF ALBUMINURIA.

BY S. WEIR MITCHELL, M.D.

ALTHOUGH physicians are prepared to find cases of albuminuria exploding suddenly into horrible convulsive seizures, I think that we less readily anticipate than we should do the frequency with which slighter forms of neural disorder are apt to owe existence to the same cause.

That these also should occur is of course not surprising. What in time may give rise to the horrible motor discharges of albuminuric epilepsy may well occasion slight and yet enduring phenomena long before the anæmia and blood-poisoning have become competent to produce the graver trouble. Yet, as I have said, in attempts to account for the lesser maladies of the nerve-centres I rarely find albuminuria alluded to as a cause, while in the cases which come to me from other physicians no causes are so much overlooked as those which arise from disordered renal function.

I have been myself surprised and interested of late, in running back over my note-books, to find how many such instances I have seen; in how many persons obscure trains of nervous phenomena have found their explanation in a condition of the kidneys in which there was a steady but limited loss of albumen. The cases in question admit of little classification as regards the forms of neural disorder, which have, in fact, proved to be most various. In the rarer examples they have followed distinct cases of congested kidneys, with large losses of albumen and well-marked dropsical symptoms, but most of them have been owing, as I have just remarked, to long-continued and slight, though steady, losses of albumen due to chronic forms of renal disease, which, having caused no other notable symptoms, remained for long periods quite unsuspected.

Many cases of nerve-lesion in albuminuria are due to the consequences of co-existent heart-disease or to extensive and gross lesions due to thrombosis or arterial-wall changes; but a more common, more interesting, and less noticed group is such as would possibly yield to the eye or the lens no more obvious central tissue-change than we have from mere functional acts.

I am disposed to consider albuminuria in its various forms as ranking, therefore, among the constitutional conditions which give rise to neural disease. Like syphilis, this peculiar manifestation of its lowering and disturbing tendencies is rare, and is, indeed, more uncommon than in the case of specific infection.

Without attempting to detail all of the many cases I have seen, I shall relate such of them as are most interesting, and especially such as, from their peculiarity, do not belong to well-known clinical groups.

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Headache.—I have seen many examples of headache which were owing to diseased kidneys. The pain was usually a general ache, more or less constant, and accompanied by a sense of fulness and throbbing. It was often a frontal pain, but in one case it remained steadily in the occiput. Dr. Granger Stewart (on Bright's disease) speaks of headache as a common and early symptom in cases of contracting kidney, but elsewhere not much is said of it.

Here are three cases. The first is in many ways interesting, because it was a rare form of intermittent albuminuria dependent upon some mal-assimilation which permitted the albumen to enter the blood in such a shape as to filter away in the urine. This at least may explain the case in part.

H. G., a very able and intelligent man, æt. 27, gave me this history. After a typhoid fever, four years before he consulted me, he began to have severe acid dyspepsia, followed within two months by prolonged diarrhœa, in which he passed much of the oily matters of his food undigested. This state of things lasted a year, when a long stay at the sea-side seemed to have restored his health. Soon after, he began to have headaches, which, beginning at night, soon became constant. During three years he had almost steady pain. His general health was fair, the bowels regular, and digestion often exceedingly bad. He was easily tired, and could not write or read for more than an hour a day. There was no nausea, and no pain in the back. After carefully assuring myself of the absence of any notable organic troubles in brain and heart, an examination of the urine showed this curious condition. He passed almost three quarts a day. The specific gravity varied greatly, rising high, 1024 to 1030, after meals, and falling to 1010 to 1015 in the early morning. At this time there was not a trace of albumen, but after meals, from one to three hours, it was present only rarely to a large extent. I found hyaline or faintly granular casts. The case seemed so unlike any of the forms of Bright's disease as to both interest and puzzle me. That it was due to some disorder of the albuminoids of the blood seemed the most probable belief. A total change of diet—raw beef, milk, and the use of Bedford water—proved effective. The headaches left him by degrees, and the albumen, fading away to a mere trace, entirely left the urine during a long sea-voyage.

This patient died of acute pneumonia two years later, having had no return of the albuminuria or the headaches. It will have been noted that headache was the one positive symptom on account of which he claimed my care.

In 1870 I saw a gentleman from middle Pennsylvania, who had been for two years subject to unending headache. After the most careful scrutiny I could detect no positive disease of heart, lungs, stomach, or brain. There was simply frontal headache of much severity, always worse in the morning, and greatly aggravated by reading and writing. I suspected him of having slight insufficiency of the internal rectus muscle of the left eye, and he was found by Dr. Dyer to have this defect, and also slight myopic astigmatism. As I had seen many cases of headache owing to these defects, I trusted that their correction would relieve him, but, despite the relief which correction of the optical disorders gave, the headache remained unabated. On his return to the city I examined his urine, which I had previously neglected. It contained a small amount of

albumen, with a few granular casts. For this he took iron and other treatment largely, with some relief, but up to this time the headache continues, though in lessened severity, and the albumen remains in small amount, sometimes increasing.

In the only remaining case which I shall quote, the headache occurred in a boy aged 10 years, three weeks after scarlet fever.

The pain came on suddenly at night, was accompanied with flushed face and red eyes, and had lasted a week before I saw him. Then the albuminous state of urine was detected. The urine was smoky in color, of high specific gravity, and loaded with casts. The symptoms gave way under the use of hot baths, dry cups to the loins, and diuretics. There was no œdema anywhere, and no nausea at any time. Owing to the steady return of the headache in the afternoons, it was thought to be due to malaria, and was treated with quinia. I may add, so as not again to describe this case, that it was one of a number of cases of scarlatinal albuminuria out of which were developed epilepsies beginning with attacks of petit mal.

I have notes of two other cases in which headache without dropsy or nausea was the main symptom. One of them is since dead of Bright's disease. The other is yet living, and still suffers from pain in the head, having had little ease from varied forms of treatment.

Hemiplegia—multiple attacks.—I have notes of two cases of rather rare and curious character, in which albuminuric patients were subject to numerous attacks of slight hemiplegia, never very severe or very lasting. Both were men who had been full livers and too much addicted to alcohol. I give the notes of one of these cases.

Col. S., æt. 46, a sturdy, florid man, was eight years ago attacked with pain in the back, followed by pain in the legs, insomnia, and morning nausea. After a few days, his urine, which he had not noted, as he was living in the field, became bloody. A few days after, it cleared up as to color, but was not examined for albumen. He was at the time remote from medical advice, and when some months later an army surgeon attended him, no attention was paid to the kidneys. During this period and ever since he has been rarely free from headache, which varied in site and was often of terrible intensity. A year after the first symptoms were felt, he was a good deal in the sun, and began to feel quite suddenly a weakness of the right arm, with aching pain in the hand. It became well in a week or two, but proved to be the first of many like attacks, which sometimes fell on the right arm or leg, and sometimes on the left arm. Each attack was preceded by violent pain in the head. I saw him first in the fall of 1872. At this time the right arm and leg were feeble, and there was constant pain in the right hand, with frequent attacks of slight hemiplegia with numbness of the disordered part. The right leg had slight loss of feeling. In the right hand the compass-points could nowhere be discriminated as normal. The eye-grounds were certainly too full of blood, and in both eyes a hazy outline surrounded both the veins and arteries, but there was no swelling of the disks. The right face was somewhat less sensitive than the left, but there was no ptosis or squint. Taste and smell were both imperfect, and he had a steady subjective sensation of an odor like that of brown soap. The urine was loaded with albumen, and the casts, which were numerous, were granular, and rarely of the so-called waxy appearance. There was no œdema, and but rarely any

nausea. The hemiplegic attacks were at times severe, but nearly always a week sufficed to restore to him the power to walk, there being always some lack of power and of feeling. His habits as to stimulus varied, so that at times he drank freely, and then for months not at all or but little. I suppose that the urine, having become albuminous after his first attack of inflamed kidneys, had so continued, the inflamed organs undergoing chronic changes. It is difficult to determine what direct share his habits may have had in the pathogenesis of the frequent palsies, but I presume the albuminuric condition to have been the graver element of trouble. No treatment aided him, nor do I know how his case resulted.

Local Palsies.—The following case presented itself at my clinic, and was kindly reported for me by Dr. Gerhard, who detected the retinal disease with the ophthalmoscope, and was thus led to examine the urine, the case having been at first looked upon as an ordinary instance of facial palsy.

C. D. K., æt. 23, single, a plasterer, but occasionally (for three years past) a house-painter, was seen for the first time in December, 1873, when he presented himself for the relief of an attack of severe pain in the head, from which he had been suffering off and on for three years. He appeared well nourished, was not noticeably anæmic, and was free from any paralytic symptom or symptoms of disordered vision. He was ordered to take large doses of quinia, and in a few days returned to report himself cured. Several months later he again presented himself, with marked right facial palsy. This had come on suddenly, and had been preceded by pain in the region of the right ear. For two weeks previously he had been suffering from inflammation (gouty?) of the great toe, ankle, and knee of the right side, which for a few days was so violent as to disturb his rest at night, but at the time of the occurrence of the palsy the trouble in the joints had subsided. The patient had no control over any of the muscles (supplied by the seventh nerve) on the right side of the face, and the mouth was very much drawn to the left. There was no impairment of sensation, no deviation of the tongue or palate, and no loss of electromuscular contractility.

Examination of the eye-ground revealed signs of marked retinitis, and the urine was found to be acid, to have a specific gravity of 1012, and to contain albumen ($\frac{1}{2}$) and pale granular casts.

There was no dropsy in any part of the body, and the patient was not aware of having any renal trouble: it was found, however, upon questioning him, that he had been in the habit for several months previously of rising several times at night to void his urine. There was no blue line on the gums. Vision (he stated) was unimpaired.

In regard to his family history, he stated that his parents and all other members of his family (excepting a brother who died in childhood of "dropsy of the brain") were alive, and all but his father were in good health; the latter, however, was subject to rheumatism. The patient himself never had any serious illness, excepting scarlet fever at ten years of age, followed by dropsy lasting six weeks, until the commencement of the troubles for which he sought relief.

In this case it is quite possible that the renal disorder may have been of long existence, and the cause of the headache which seemed so enduring. Nor do I feel sure that the facial palsy was directly related as effect to the albuminuria; but certainly the renal troubles acting as enfeebling agencies may have been in some sense causative.

Here again is a brief case from my clinic (reporter, Dr. Alison), in which alcoholism and renal disease must conjointly be credited with the local palsy:

P. M., aged 45, married, a tailor, was seen for the first time at the clinic of the Orthopaedic Hospital, April 8, 1874. He states that he was a hard drinker until eight years ago, since which time he has been on only three or four sprees. Has had a touch of delirium tremens. He had a breaking-out on his head when he was a child; when a boy, had "three small spots" upon his penis; never has had rheumatism.

In November last, after a hard drinking-bout, he found a spot in the sole of his left foot in which sensation was disordered. There were also shooting pains in this foot. Since that time he has had increasing numbness of the legs, and in walking he has a sense of treading on a pad. During the last month he has also had attacks of severe pain through his head.

He stands perfectly well with his eyes shut. The legs are numb to the hips, and feel as though asleep. Sensation in the right foot is not so good as in the left; still, it is but slightly impaired. The shooting pains in his toes continue at irregular intervals. He sleeps badly, and has hallucinations. He states that he has taken both phosphorus and nitrate of silver without good effect. The eye-ground is healthy. The urine is pale, scanty; specific gravity 1012; contains a heavy cloud of albumen, and a few granular casts.

Ordered tinct. ferri chlor., gtt. xx, t. d.

April 17.—Tinct. ferri chlor. increased to gtt. xx every three hours.

The iron proved of little value; the albumen did not lessen under its use, nor was the loss of power diminished by any means used in the hospital up to early in May, 1874, when, under the use of full doses of gallic acid, he gained so rapidly in every way as to be enabled to return to his usual business, the albuminuria remaining, but in much diminished amount.

Within two years I have seen two remarkable cases of loss of power to write, dependent also on renal disease. Both were treated in vain by many and varied methods, and by able physicians, who, however, neglecting to examine the urine, missed the clue which, in one case at least, led to a happy issue. These seem to me very instructive examples of the mode in which disease may be developed. A certain limited set of ganglia are over-used; then we add a constitutional drain, and the too hardly taxed nerve-cells are the first to feel the trouble. The final weakening cause might be worry or it might be malaria, but is in these present instances albuminuria.

A clerk who wrote many hours of each day had, after some years of ill-paid labor, a slight attack of measles, as to which he gave but an indefinite account. It might even have been roseola, but was at all events followed by long-continued lumbar pain, with rare nausea, which passed away after a year, but left him feeble. Soon after, he had attacks of vertigo, and during the same summer a sudden development of writer's cramp. A rest of some months relieved him, and he partially recovered the power to use his pen. The next spring the writing-muscles suffered from a sort of choreal motion when in use, and then only, but accompanied with pain in the back of the hand. When he wrote for an hour the thumb and forefinger became agitated increasingly, and at last the pen fell from their grasp. Again rest and tonics and change of air relieved him, but he still had at times pain in the back, and more rarely nausea in the mornings. The following fall he

resumed his pen-work, and in a fortnight was seized with feebleness of the pen-fingers,—a feebleness which extended to the whole arm, and was constant. At this time I saw him first, and then discovered that he had a slight trouble of the mitral valve, and a urine which was steadily loaded with albumen and which contained many granular and fatty cells. His face was pallid, and a little swollen in the mornings, and his feet were oedematous at night. Absolute rest, with tincture of iron and warm baths, soon restored the power of the limb, but the albumen is much as before the treatment, and I have little hope of permanent relief.

The curious sequence of cramps, choreal movements, and paralysis, all affecting the same groups of ganglia, I have seen once before. It is certainly of much clinical interest. I have sometimes thought that if, as in our own public schools, writers were taught to write from, as it were, or with, the arm-muscles, merely using the fingers to *hold* the pen, they might thus escape the danger of having writer's palsy or cramp; but this patient always wrote with the arm-muscles, and yet, as I have stated, he fell a victim to the disorder in question.

The second case of like nature was in a lawyer, who was called upon at times for excessive, long-continued writing. He came to me owing to increasing loss of power, which began in the index-finger and thumb, and was felt so severely as to prevent his writing for more than an hour at a time, when his hand gave out and the pen dropped. His other symptoms gave no reason to suspect renal trouble, and I only examined his urine because to do so has become a part of the routine of every examination of a new case. To my surprise, I found a moderate amount of albumen, a specific gravity of 1014 to 1020, and rare hyaline or faintly granular casts. Rest, change of air, and various iron tonics speedily reduced the albumen to a trace, at which it yet remains. As this trouble lessened, the arm improved, and for a long while past there has been perfect power to write for several hours on a stretch. His general health has also improved greatly.

I could readily add to these other examples, more or less striking, of local paresis or distinct palsies observed in connection with albuminuria. I find among my notes some curious instances of what, having been regarded as hysterical disorders, proved to be traceable to renal disease.

In one remarkable instance, a married lady, æt. 29, had prolonged fainting-fits. They began during her unmarried life, and were alike notable for being most profound, as well as for their frequency and suddenness. She passed through a first pregnancy with no graver symptoms, but the attacks, continuing, began to be associated with occasional nausea, so that when the nausea was the worst the fainting-spells were most common and most intense. Then also the general vigor and power of endurance, never great, began to fail quite notably. At this time I saw her first, and it was then found that she had a steady loss of albumen, but not in large amount.

I cannot flatter myself that the after-treatment much lessened this flow, but it exerted so favorable an influence on her general health that, despite the still constant loss, she rose above the possibility of attacks, and by steady care of her health has remained in a very satisfactory condition.

The following case is on many accounts interesting, and especially so because absolute loss of taste from disease is extremely rare:

Mr. McM., æt. 30, hotel-clerk, and thus occupied for ten years; two years ago hurt his side by a fall, and had slight pulmonary hemorrhage. In May and June he had a succession of colds, and at last a violent spell of renal congestion, with bloody and scanty urine, horrible headache, and high fever. There is little need to linger on the treatment. The attack was nearly fatal, and after much active treatment the first relief was from a prolonged pack. The albumen increased with the larger flow of urine, and at the second month was in large amount; specific gravity 1014 to 1019; granular casts abundant; pain in back and legs, and slight œdema of ankles and face. The attack took place in March. In May he lost his sense of taste entirely, and also in part that of smell. So absolute was this loss that he could not tell quinia from sugar, or vinegar from milk, if we were careful to prevent him from using any of the small remnant of olfactory power. Until he went away from this city in the fall this curious condition remained unaltered. Mr. McM. recovered his health entirely after a prolonged stay in the mountains, and is now, many years having passed, in full personal vigor.

I have twice seen cases which were supposed to be pure examples of overwork,—both lads at college,—in whom I found albuminuria. One of these was a fine young fellow, who, near to the close of his college career, began to find his power to study lessening, while at the same time he was less able to get to sleep, and quite unable to stay asleep very long. Rest did no good, and at last I was asked to meet his physician. The lad proved to have a moderate amount of albumen in a urine of quite high specific gravity and containing many hyaline casts. To my great satisfaction, he perfectly recovered. The other boy was less fortunate.

Acute Mania.—Neither is it very rare, I suspect, for sudden and complete cases of renal congestion to result in attacks of acute mania; at least I have seen such examples.

More rare must be instances like the following:

Several years ago I was asked to visit Mr. M., æt. 40, a well-known insurance agent, who was staying with his wife and family at a hotel in this city. Mrs. M. and two of his friends assured me that his habits as to stimulus were unusually good.

His wife stated that a week before my visit he had begun to be weak and feverish, and to have at night copious sweats, and quite suddenly complete insomnia.

When I saw him, he was flushed, and his pulse 130; breathing 35; no lung- or heart-disease. He had passed one week without sleep. His manner was quick and wild, his hands in constant tremor, and he was haunted by delusions as to animals,—chiefly as to dogs. I do not think any one would have hesitated a moment to diagnose the case as the delirium of alcohol. Indeed, it was some time before I could credit the indisputable evidence which prevented me from holding this belief. He used stimulants rarely, tobacco in great moderation, and he had been subjected to no mental shock. A more careful study of the case showed him to have a large amount of albumen in his urine, with numerous casts and a little blood. He slowly recovered his mental health and the power to sleep, and left the city some months later much improved, but still passing albumen in large amount.

I think it needless to multiply cases further, believing that I have shown how varied may be the neural phenomena arising out of the various disorders known to us collectively as albuminuria.

CASES CURED BY ELECTRICITY.

BY HUGO ENGEL, M.D.

NIEMEYER has been, I think, the first author in this enlightened age of improved diagnosis who said that we should now try to improve our therapeutics by empiricism based upon sound knowledge, *i.e.*, with the aid of our advanced diagnostic art to note carefully the effect of our therapeutical agents, so that certain conditions under which remedies act can be specialized, and their efficacy established by trial.

Such a way of recording trustworthy facts was, a short time ago, less reliable, as our diagnosis was so uncertain; and, although we are even now far from being perfect in it, we can better rely at present upon records of cases.* In consequence of this, the effect of our therapeutical agents can be better observed. In my opinion, it is the duty of every physician to spread before the fraternity any facts which might tend to improve our knowledge of healing, and not to think that "*natura sanat et medicus curat*" implies that nature will always do the first, even when the physician fails to do the second.

I have studied for a considerable time the effect of treatment by electricity in certain cases which came under my observation, and publish to-day some of them in the *Philadelphia Medical Times*, that the treatment may be tried by the profession, and its effect, observed on other cases, recorded.

Pollutions.—A case of frequent involuntary discharge of semen, that had baffled all routine treatment and all dietetic and psychical directions, induced me to try electricity. After repeated failures of other kinds, the following galvanic treatment was successful. I placed one electrode, armed with the positive pole of a constant current (16 cells), in the middle of the neck on the spinal column (having before thoroughly wetted the skin and the leather covering the electrodes), and the negative on the os sacrum, and kept the electrodes in this position for three minutes, thus producing a constant current. Then, with the same precaution, the positive pole was placed on the perineum, and the negative on the dorsum of the penis near the symphysis. The negative was kept there for about a minute, and then slowly moved up towards the glans, and kept there for the same time, while the positive was not changed in its position. The treatment is, as the reader will observe, similar to the one recommended by Meyer. In five cases treated thus, an amelioration was observed the first night, and after from nine to twenty-two applications the cure was established. To enable the reader to form a correct idea of the cases, I publish two of them.

Case I.—Charles S., æt. 24 years, strong, but pale-looking, had practised onanism from his fourteenth to his twentieth year, "not oftener than once a day." For the last four years he has not been guilty of the practice, but has had frequent discharges of semen, which have

* In this respect we decidedly owe most gratitude to Prof. Da Costa, whose work has more than any other promulgated the advanced knowledge of medical diagnosis.

come during the last year once, and sometimes twice, every night.

Case well after twelve applications of the constant current, applied at first every day, then every second day, then every third day, and so on. Has now (over a year) no pollutions if he has connection with a woman every two weeks, which he was unable before to do. If he omits the coitus, has a pollution about every three weeks.

Case II.—Fred. M., æt. 28 years, healthy-looking, with a history similar to that of Case I. Complained of repeated pollutions (one at least every second night), "which weakened him very much," and when he had tried to enjoy a coitus "the discharge would come right away" as soon as the penis had entered the vagina, "and the penis would then double itself." Cured after sixteen applications.

Fred. M. is now married, and has a child.

The other cases were similar. In no case was there any discharge during daytime, except in one, where the patient had slept in the afternoon, and in all cases there were dreams and a voluptuous feeling connected with the pollutions. All these cases, therefore, were in the primary stage. Cases of longer standing I have not seen since I have been employing electricity. In two of the cases there were small external hemorrhoids.

The most careful examination could not reveal any other cause of the complaint than masturbation, except, perhaps, the irritation from contiguity; but here the treatment was successful, and the hemorrhoids still remained.

Nocturnal Incontinence of Urine.—Owing to the surprising results I had in some cases of nocturnal incontinence of urine of children, I have been overrun with children who have been sent to me for the treatment of this complaint. Of the different ways of using electricity in these cases, I have found the following to be invariably successful. A constant current of six cells (stable) is sent through the vertebral column for three minutes, then the positive pole of a faradaic current (medium strength) is placed over the symphysis, after having thoroughly wetted the skin and the electrode, and the negative pole introduced into the urethra as far as the entrance into the bladder,—no farther. The electrodes are kept in their position for five to eight minutes.

The following case will show the effect, and as I have treated now twenty-three cases successfully (all children between 4 and 10 years), I think I can speak from experience :

Anna V., æt. 8 years, delicate health. Her mother says that the girl always suffered from nocturnal incontinence of urine, and in cold weather much more (very naturally). She had whipped the child for doing so (foolish and barbarous), and had tried "a lot of medicine and doctors," but of no avail.

October 20, 1873.—Had passed her urine last night involuntarily, as she always did during night. Treatment by electricity (as above, six minutes) commenced.

October 21.—Patient passed no urine last night; wonders that she "need not pass water so often any more," and it seems to her as if it flows much stronger, with more force. Current again applied for five minutes.

October 22.—No nocturnal incontinence last night. The little girl looked much brighter, as might be imagined, from the feeling that she was going to lose "that nasty habit." Treatment omitted.

October 23.—The same. Current applied for three minutes.

October 25.—The same. Patient felt a desire to urinate at 1 o'clock A.M.; she got out of bed and urinated. Current applied for five minutes.

October 28.—There had been no farther symptoms of incontinence. Current applied for three minutes.

November 2.—The same. Current applied for two minutes.

November 20.—The same. Current applied for a few minutes, and patient discharged.

April 12, 1874.—I saw the patient's mother to-day, who informed me that her daughter was "totally well, and gaining in health every day."

This is one case: certainly not all are so favorable. Sometimes this treatment has to be continued for two weeks every day. As a rule, where there has been no symptom of incontinence for three consecutive nights, I omit the application of the galvanic current for one day, then for two days, and so on. Here the personal judgment must decide.

These cases do not need any further comment. The diseases are described in all their different forms in so many medical books that it would be only a repetition to say more about them here. How successful the treatment will be in more complicated cases, further experiments will have to show.

NOTES OF HOSPITAL PRACTICE.

UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. H. C. WOOD.

Reported by Dr. LOUIS STARR, Chief Assistant.

LOCAL PALSY IN LEAD-POISONING.

CHARLES M., aged 42, a painter by occupation, applied for treatment at the dispensary on January 8, 1874. He is married, has four healthy children, is perfectly temperate, and has always enjoyed good health until about two months ago, when, while working against time, his right arm became very much fatigued, he had temporary wrist-drop, and was obliged for a day or two to work entirely with the left arm, which he is able to use almost as well as the right. Early in December, 1873, after a period of unusually hard labor, he began to notice numbness and a tingling sensation in the index-finger of the right hand; this gradually extended up along the inside of the arm to the elbow, and then involved the whole hand. The tingling, which was slight at first, slowly became more severe, and the arm grew so feeble that one week before coming to the dispensary he was obliged to give up work. He stated that he had been careful as to the cleanliness of his hands, although in using putty (often colored with white lead) he was in the habit of forcing it into the nail-holes with the thumb, and then smoothing it off with the index-finger instead of employing the ordinary putty-knife: the friction this occasioned frequently wore the skin off the end of the finger, leaving a raw and sometimes a bleeding surface. For several years past he has, while actively engaged at his trade, voided large quantities of urine, the amount passed often ranging as high as three pints during a single night. It had at such times the peculiar violet odor due to the absorption of turpentine, but was always normal in appearance, and he has never had anasarca or pain in the region of the kidneys.

When he came under observation there was a distinct blue line along the margin of the gums, the tongue was

coated, the bowels constipated, and there were some dyspeptic symptoms, though no tendency to colic.

The urine presented the following characters: quantity and odor normal, reaction acid, color light yellow, large deposit of uric acid crystal on standing for a few hours; no albumen or tube-casts could be detected.

The right arm was found on measurement to be slightly larger than the left, the muscles being firm and exceedingly well developed; there was no wrist-drop, but considerable loss of power in both the flexors and extensors of the fore-arm, and some want of co-ordination in the muscles of the hand; the latter was most markedly exhibited when he endeavored to pick up a small object between the thumb and index-finger. The numbness and tingling were most marked in the index-finger, and from this position extended over the whole hand, and up the arm as far as the shoulder. The skin covering the palmar surface of the first joint of the index-finger was very thick, and almost devoid of sensibility. No alteration of the surface-temperature of the arm was appreciable to the hand; all the muscles responded well to the faradic current, and the electro-sensibility of the skin remained normal.

He was directed to bathe the arm night and morning in a strong solution of salt and water, to return three times a week for electrical treatment, and to take internally gr. v of potass. iodid. in f3ii of infusion of gent. comp. three times daily, with moderate doses of magnesia sulph. before breakfast in the morning until the constipation was relieved.

On January 13 the iodide of potassium was increased to gr. v four times daily, and lin. saponis camph. ordered instead of the salt-baths; under this treatment the condition of the arm improved steadily, the blue line began to fade from the gums, and the bowels became regular.

On the 20th all internal medication was discontinued, and the sole reliance placed upon faradization of the affected muscles and the application of the brush to the skin of the arm and hand. By February 6 the numbness and tingling had disappeared, the muscular co-ordination had returned, and the patient complained merely of weakness in the arm; strength was restored rapidly, and on February 26 he asked to be discharged, as he felt himself well enough to resume work.

TRANSLATIONS.

THE ACTION OF OXYGEN UPON REFLEX EXCITABILITY.—Dr. Ananoff gives (*Centralblatt für Med.*) results arrived at by him from experiments which he performed with the view of investigating this subject. Two rabbits of like size were chosen, and to them poisonous doses of strychnia were administered. One of them was then exposed to pure oxygen, while the other remained in the atmosphere. At the expiration of twenty-eight minutes the rabbit which was inhaling pure oxygen had not had any of the convulsions which precede death from this poison. The supply of oxygen was then stopped, but death did not occur until ten minutes later, and was then attended by convulsions which were not violent in character. The animal which had been permitted to remain in the air gave evidence of convulsions three minutes after the poison had been swallowed, and in seven minutes was dead. To prove that this difference was really due to the influence of the oxygen and not to the pressure upon the gasometer whence the gas was supplied, a similar experiment was performed, except that, for the oxygen previously used, atmospheric air under pressure was supplied to one animal, while the second, as before, breathed the outside air. After seven minutes the first animal manifested convul-

sions when irritated, and at the end of twenty minutes was dead; the second died in six minutes. In a third experiment, one animal breathed air, and the other oxygen, but both gases were under pressure. The first lived but twenty minutes, while the second lived thirty-two. From these results it must be concluded that no certain and positive effect must be expected except from the supply of pure oxygen. W. A.

ALTERATIONS OF THE SPINAL CORD AFTER INJURIES TO NERVES (*Centralblatt für Med.*).—In addition to those alterations in the nerve-substance of the cord following resection of the sciatic nerve which have been already noted, Hagem found that in those animals which survived the experiment more than two months there occurred a progressive muscular atrophy which began in the muscles of the posterior extremity of the uninjured side and extended to those of the anterior extremity of the same side. This was due to perimenigitis caused by hemorrhage and a general central myelitis. This latter affection was characterized by hyperæmia of the gray matter, into which there were numerous extravasations of blood. There was likewise an exudation into the central canal, and a characteristic degeneration of the ganglion-cells which proceeded to entire destruction. Similar changes were found in some cases when the lesion had been but a simple section of the sciatic nerve. W. A.

GROWTH OF BACTERIA UNDER LISTER'S DRESSING.—H. R. Ranke (*Centralblatt für Chirurgie*), in seeking to answer the question as to the presence of Bacteria in wounds treated by the antiseptic method, made during the month of May many observations on cases under treatment in the clinic at Halle. Many of these cases were amputations in which there was neither fever nor suppuration, so that it cannot be objected to his results that the cases were those in which the dressing had not been successfully applied. In all the cases but one which were subjected to examination some forms of Bacteria were found. The figures presented by them were various, those of middle and small size being in less number than the larger. It was remarked that the micrococcus was found at the first renewal of the dressing, twelve hours after the operation. W. A.

CONDURANGO.—Dr. Alfred Obalinski, of Cracow, reports (*Centralblatt für Chirurgie*) successful results in two cases of epithelial cancer treated by condurango, both internally and locally. The first patient, a woman aged 80, had a small epithelial cancer (*ulcus rodens*) on the under eyelid; the second, also a woman, aged 50, had an ulceration of a similar character of the size of a bean, which had been noticeable for three years and had been already treated by caustics. Six weeks later both patients were seen again, and in both cases the ulcerations were completely cicatrized. W. A.

THERAPEUTIC NOTES.

IODOFORM AS A TOPICAL APPLICATION, PARTICULARLY IN VENEREAL DISEASES.—MM. Dubrisay and Pelletan, in independent brochures upon this subject, arrive at the following conclusions in common (*Jour. de Dermatol. et Syph.*).

1. Iodoform is a local anæsthetic.
2. Applied in the form of a powder it cicatrizes wounds rapidly.
3. It is especially indicated in small superficial atonic wounds, or those having a tendency to phagedæna, soft chancres, suppurating buboes, syphilitic onychia, syphilides generally, varicose, scrofulous, and cancerous ulcers.

4. It operates more surely and promptly than other therapeutic agents ordinarily employed in the cicatrization of ulcerating syphilides, under whatever form they may present themselves.

5. In the treatment of soft chancre it is in some sort a specific in the promptitude with which it causes cicatrization without pain.

6. In the treatment of simple or virulent buboes (non-specific) it may be employed in the form of ointment as a resolvent during the first period with more success than a blister or tincture of iodine. During the period which succeeds the opening of the sore it hastens rapid cicatrization of the wound.

7. In the case of soft chancre, of ulcerating syphilides, and of bubo, when the suppuration is abundant it is preferable to commence the treatment by solution of iodoform in glycerin and alcohol. The iodoform in powder may be used later.

8. The employment of iodoform in syphilitic affections does not do away with the necessity of using internal treatment.

9. The rapid cicatrization brought about by iodoform is due—1, to the simplicity of the dressing, which does not irritate the diseased parts; 2, to absorption of secretions by the powder; 3, to its antiseptic properties, particularly when it is dissolved in glycerin and alcohol; 4, to the presence of iodine, which acts favorably on syphilitic ulcerations of all kinds.

Solution of Iodoform.

R Iodoform, ʒi to ʒiiss;
Glycerin, fʒxij;
Alcohol, fʒiv.

M.—Ft. sol.

Iodoform Ointment.

R Iodoform, grs. xxx;
Alcohol, q. s.;
Axungia, ʒi.

M.—Ft. unguent.

HYPODERMIC INJECTIONS OF MORPHIA IN STRANGULATED HERNIA.—Dr. A. Szatory reports (*Four. de Thérapéut.*) three cases of strangulated hernia, where, taxis having failed, an injection under the skin of a few drops of a solution of morphia containing about 1½ grs. to the drachm of water produced such relaxation around the strangulated parts of the intestine that another attempt at taxis resulted in reduction of the hernia.

POST-PARTUM HEMORRHAGE (*The Canada Lancet*, April, 1874).—Dr. Augustus Jukes recommends in cases of post-partum hemorrhage the injection into the cavity of the uterus of dilute alcohol. He has thoroughly tested its efficacy in such cases, and has never known it to fail, or, on the other hand, to produce any bad results.

The following are the only requisites for its success:

First, that it be not too long delayed.

Secondly, that the uterus and vagina be first carefully emptied of all retained matter, whether clots or placenta.

Thirdly, that the tube be passed fairly within the cavity of the womb, so as to insure a full stream reaching its interior. Where this is effectually accomplished, the action of the muscular walls of the uterus is often so rapid and energetic that the fluid is at once and violently ejected.

NITRITE OF AMYL AS AN ANTIDOTE TO CHLOROFORM (*The Richmond and Louisville Medical Journal*, June, 1874).—Dr. William C. Dabney has made some experiments with a view to determining whether or not nitrite of amyl, by its effect as a cardiac stimulant, would be of service in cases of chloroform narcosis. In three out of four animals the amyl produced a decided increase in the frequency and force of the heart's beats,

and they recovered when death was apparently imminent. In the fourth no effect on the heart's action was noticed, and the animal died.

STRYCHNIA AS AN ANTI-EMETIC (*The Canada Lancet*, April, 1874).—Dr. Thomas E. Dupuis reports a case of obstinate vomiting in a delicate female, which was absolutely uncontrollable, and continued until the most extreme prostration had occurred. After nearly all other remedies had been tried unsuccessfully, the following solution was given in drachm doses every two hours: R Liquoris strychnia, ℥xx; aquæ, ʒiv. The effect was very sudden and decided: the vomiting stopped entirely within a few hours, and the patient soon recovered.

GELSEMINUM IN FACIAL NEURALGIA (*The British Medical Journal*, May 2, 1874).—Drs. Sawyer and Mackey highly recommend the employment of gelseminum for the purpose of relieving pain, especially in branches of the fifth nerve. The preparation used is a tincture made from two ounces of the coarsely-powdered root macerated in a pint of rectified spirit; dose, five to twenty drops. The evidences of the physiological action of the drug are loss of sight, double vision, headache, and paralysis.

ELEGANT FERRUGINOUS PREPARATION (Prof. Goodell).—The following offers simply the most elegant and efficient ferruginous preparation we know of:

Take of tincture of the chloride of iron three fluidrachms, dilute phosphoric acid half a fluidounce, syrup of lemons three fluidounces; mix. A whitish preparation, pleasant to the taste; to be exhibited in a dose of a dessert- to a tablespoonful.

VOMITING CONTROLLED BY TOBACCO-SMOKE.—A young girl not pregnant, suffering from severe and uncontrollable vomiting, under Dr. Beaumetz's care at the Hôtel-Dieu, was, after the ineffectual trial of various remedies, ordered to smoke a cigarette after each meal. This, so long as its use was persisted in, seemed to check the vomiting entirely.

ANTI-CANCEROUS SOLUTION (Giordano).—

R Acid. citric., ʒi;
Aqua destillat., ʒi ʒii.

M.—Pieces of charpie soaked in this solution and laid upon cancerous ulcerations act as a detergent and delay the progress of the disease.

DR. EBSTEIN recommends the use of atropia in salivation. In his hands one-fiftieth grain daily, increased in the course of eight days to one-twelfth grain internally, had a decided effect in lessening salivation in a case of hemiplegia. Hypodermic injections of the same drug in the region of the neck had a still more favorable effect.

TOOTHACHE.—Dr. Q. C. Smith praises the following most highly (*London Med. Record*): Take of carbolic acid, saturated solution, chloral hydrate, saturated solution, paregoric, fluid extract of aconite, of each an ounce; of oil of peppermint half an ounce; saturate the pledget of cotton or a piece of sponge, and tightly pack in the cavity.

AN artificial ferruginous mineral water may be made by the following formula:

R Ferri citrat., gr. xvi;
Syr. limonis, fʒ xxvi;
Artificial Seltzer water, ad Oi.

This makes an agreeable mixture, and can be modified by the use of ordinary soda-water procurable from any apothecary. It is not necessary that the mixture should contain much air, and if kept in a cool place the bottle containing it may be opened several times without depriving it of flavor.

PHILADELPHIA
MEDICAL TIMES.
 A WEEKLY JOURNAL OF
 MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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EDITORIAL.

INTRAVENOUS INJECTIONS OF CHLORAL
 IN HYDROPHOBIA.

AS most of our readers are no doubt aware, the intravenous injection of chloral has not only been proposed by French physicians, but carried out in several cases of tetanus, and even as a means of producing anæsthesia for surgical purposes. At the séance of the Société Médicale des Hôpitaux, June 26, M. Bucquoy reported a case of hydrophobia in which he had exhibited the drug in this method. The patient was a man who entered the hospital May 31, having been bitten four weeks previously by a dog. On May 29 he first began to suffer from malaise and total loss of appetite. At the time he came under M. Hanot's care he complained bitterly of pain in the arm and the finger which had been bitten, and of sleeplessness. His skin was hot, pulse 120, and any attempt at drinking, or even the sight of water in a glass, produced violent hydrophobic spasm of the pharynx and thorax.

It having been determined to practise the intravenous injection of chloral, the arm was tied up as for bleeding, and the fine point or needle of a syringe thrust directly into the vein. The syringe contained 1 gramme of chloral dissolved in 10 grammes of water, and ten syringefuls were given in an hour and a half. At the end of this time symptoms of "chloroformic excitation" had replaced those of the disease. Nevertheless the injections were repeated until, in about two hours, 13 grammes of chloral had been injected. The patient fell asleep,

and slept tranquilly until the evening, when he awoke in a condition of drunkenness, and was able to drink without spasm. He voided some bloody urine, but passed a quiet night, sleeping at intervals. The next morning the symptoms recurred, and about 1 P.M. the injections were repeated, 20 grammes of the drug being thrown into the left saphenous vein. This produced a deep sleep, which lasted two hours, when the patient was seized with a violent tetanic spasm, in which he died. The chloral did not affect the temperature very sensibly. At the autopsy the veins made use of were free from clots.

In the course of the discussion which followed this report, M. Bucquoy stated that the canula had been allowed to remain during the whole of each operation, and M. Féréol promised to report to the Society a case in which hydrophobia was developed two years after the reception of the bite.

WHAT NEXT?

IN a recent editorial we animadverted upon the methods of acquiring popular fame and practice which are becoming fashionable in New York. It may be that all our old notions of propriety are wrong, and that as the people are in reality to a great extent the arbiters in medical matters, so far at least as concerns *pecuniary* success, therefore it is better to spread before them all our knowledge and all our differences, so that a man may make up his judgment from the *Tribune* or other of his daily papers who is the best physician or surgeon of his neighborhood. Out of the attrition of the daily life of great cities usually come the sparks that light up revolutions; and where should a revolution start in this country if not in New York? Is the profession there ready for revolution?—ready to cast off the old garments of respectability and to put on the new livery, whose color and fit are so close to that of the servants of quackery? We should judge not; yet time and again long articles appear in the *Tribune*, undoubtedly written by medical men, and undoubtedly written for the purpose of aiding those whose praises they sing. This is done, too, seemingly without a protest from any one; not a word against it in the New York medical press, not a whisper in the societies,—at least that reaches the outside world.

The consultation-room has been held the most sacred of all places; but in New York, when a man differs from his fellows, he, at least sometimes, goes for solace to the *Tribune*, and details in long, well-written articles the discussions of the consultation-room, the superiority of his own merits, and the

grand improvements he has made in medical science; or, if he does not actually do this, he tells his subordinate all about the circumstances, and he does it for him.

The recent vagaries in regard to rabies are still fresh in the minds of men; but we have been incited to writing the present article by reading nearly two columns in the *Tribune* of July 14, detailing how Dr. William F. Fluhrer thought an arm could be saved when Dr. James R. Wood and others thought it could not, and how Dr. Fluhrer did save the arm, etc., etc.

There are few things more pitiable than a man struggling vainly in a flood. We do not covet a martyr's destiny, and if the profession decide that the necessities of to-day require the appropriation of the quack's method by the regular profession, we have nothing to say; but when the spirit and letter of the Code of Ethics are opposed to such doings, it is but fair that all members of the profession in good standing should be forced to comply with this code.

AS most of our readers probably know, Miss Jex-Blake, the lady who has won such world-wide notoriety as the champion of her sex in connection with the University of Edinburgh, was "plucked" in her recent examination. The indignant young lady rushed into print for solace, charging her examiners, in a letter to the editor of the *London Times*, with unfairness, and asserting with characteristic but unfeminine modesty that she was "thoroughly prepared." Owing to the circumstances of the case, the examiners decided it necessary to reply to this letter, and, in a subsequent issue of the same paper, published a document which should, if the thing be conceivable, abash Miss Jex-Blake. The subjects of examination were chemistry, botany, and natural history. Her papers "were carefully examined by six examiners (three of whom were professors), and they unanimously agreed that the answers were extremely defective on every subject."

DR. HOOKER, of Kew Gardens, than whom there is no higher authority upon such matters, has officially informed the English colonial office that the sanitary virtues of the *Eucalyptus globulus* have been greatly exaggerated.

IN the recent exhibition at the Royal Academy, London, a number of etchings and oil-paintings, some of them said to be of great merit, the work of English surgeons and physicians, were on exhibition.

CORRESPONDENCE.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—Dr. Berkart, in the *London Lancet* of March 28, informs the readers of that journal that he first conceived the idea of injecting pulmonary vomicae as far back as 1872.

I think it is due Dr. William Pepper, of this city, to state that he informed me and others in the *spring* of 1867 that he believed it possible to treat phthisical cavities with a fair prospect of success by injecting medicines into them through the thoracic walls, and at the same time said that he would make the attempt as soon as the proper opportunities should present themselves.

I make this statement because there seems to be some doubt as to who is entitled to the credit of first suggesting this plan of treatment.

Very respectfully,

R. G. CURTIN.

PHILADELPHIA, July 15, 1874.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, MAY 28, 1874.

THE PRESIDENT, DR. WM. PEPPER, in the chair.

DR. HUTCHINSON presented, by permission, without a written history, as he reserved the case for publication elsewhere, several specimens of *lymphadenoma*, removed from the body of a young man who had died a few weeks before in his wards at the Pennsylvania Hospital. More than a hundred lymphoid tumors could be counted distributed beneath the skin of various parts of the body, the largest being situated over the sternum. There was complete paraplegia, which Dr. Hutchinson believed, during the life of the patient, to be due to compression of the spinal cord by a tumor similar to the tumors on the surface, and the autopsy showed that his diagnosis was correct, a growth being found within the spinal column on a level with the seventh and eighth vertebræ, almost completely surrounding the cord. A microscopic examination of the blood during life showed a great increase of the white corpuscles.

Dr. JAMES TYSON said an allusion of Dr. Hutchinson's suggested an explanation of the origin of these tumors in different parts of the body, where there are apparently no elements of a lymphoid nature. Dr. H. had mentioned glandular enlargements on the conjunctiva. These doubtless had their origin in the so-called *trachoma* glands or lymph-follicles of the eyelid, first described by Bruch in the conjunctiva of the lower lid of oxen, and by Kleinschmidt in man and the domestic animals. By Wolfring, Stromeyer, and Blomberg they were considered pathological structures, and were named *trachoma* glands by Henle. These glands have had their lymphatic characters well determined, and as they were discovered in situations long thought devoid of such lymphoid elements, so, doubtless, other situations, as the nervous tissues, abound in lymph-centres and paths, which, from irritation, are capable of being developed into lymphatic bodies as large as any presented this evening, though previously there might have been no evidence, to ordinary methods of demonstration, of their presence.

Dr. JOSEPH G. RICHARDSON inquired of Dr. Hutchinson whether he had estimated the proportion of colorless corpuscles to the red before the patient's death.

Dr. HUTCHINSON replied that he had not.

The PRESIDENT said this was important in relation to the more usual forms of leucocythæmia. It is well known that there is a lymphatic variety in which the spleen may be but slightly affected, but it is entirely unknown that the spleen and liver should be unaffected where there is such intensity as in this. It is also well known that in some cases of lymphadenoma there is no increase in the white corpuscles of the blood. Such a case had come under his own observation, in which there was enlargement of all the lymphatic glands and the development of lymphoid tumors in the viscera. The spleen was also enlarged, and there were in it white patches, such as are found in ordinary cases of leucocythæmia, but there was no increase in the white corpuscles up to the time of the patient's death. Since it is well known that this increase is apt to be a progressive one, and since a moderate degree of increase in the number of the white corpuscles was observed some time before death in the present case, it would be very interesting to learn whether marked leucocythæmia was not developed later in the course.

Dr. HUTCHINSON said, while it is generally admitted that the increase in the number of white blood-cells in this disease is progressive up to the death of the patient, there is at least one writer of distinction, M. Jaccoud,* who takes an opposite view. In his opinion, the cells are prevented in many instances from reaching the blood-vessels, in consequence of the lymph-ducts being compressed by the increased growth of connective tissue which is sometimes superadded to the hypertrophy of the true glandular structure. Cases are, moreover, reported in which the increase of the white cells was not observed, or, having been observed, has afterwards ceased to exist.

The PRESIDENT said he was familiar with the paper referred to by Dr. Hutchinson, and could merely say that as yet the statements there made had not been substantiated, and that they certainly did not correspond with the results of his own examinations in quite a number of cases of leucocythæmia.

Dr. RICHARDSON said that in a recent case which died at the Pennsylvania Hospital he had found *one white to two red* corpuscles ten days before death. After death, the proportion was *two white to three red* corpuscles.

Dr. MORRIS LONGSTRETH said he had examined the blood after death, in Dr. Hutchinson's case, and, although he had not counted the corpuscles, he was confident that the white were more numerous than in health.

The PRESIDENT said the case to which he had alluded had been under treatment for some time at other hospitals for lumbago. He had had more or less deep-seated pain, with periodical intense exacerbations, radiating in the course of the lumbar nerves, and occasionally extending down the sciatic nerve. At the time at which he first saw him, however, there was evident enlargement of the submaxillary glands, which progressed with the enlargement of other glands.

In that case the enlargement did not go on to encroachment upon the spinal cord: still, although there was no palsy there was great weakness of the legs; and it was very evident that both the severe pain and the impairment of power were dependent upon the pressure of the enormously enlarged abdominal glands upon the nerves emerging from the spinal foramen.

Dr. F. P. HENRY presented the following specimens, with their histories:

I. Gastric ulcer.—A. H., æt. 19, admitted to the Episcopal Hospital April 18; had been sick for about three months before admission. It was impossible to get from her anything like a clear history of her case. On entry, she was much emaciated and jaundiced. There was intense pain on pressure over the epigastrium, and great pain over the same region after eating. When I took charge of the case on May 1, the girl was evidently sinking, and suffered such intense pain that the treatment from that time consisted almost solely in the use of hypodermic injections of morphia. She died on the 13th of May.

At the *post-mortem* examination a small circular ulcer was found near the cardiac orifice of the stomach. The lungs, heart, and kidneys were healthy. The liver weighed five pounds, was indurated and coarsely granular on section. It appeared to be in the first stage of cirrhosis.

The immediate cause of death seemed to be heart-clot. Firm, yellowish-white clots were found in both ventricles. There was no appearance of pulmonary emphysema, as was observed by Dr. Packard in a case of sudden death from heart-clot recently reported by him to the Society, but the lungs presented an anæmic appearance, as though the supply of blood had been gradually diminished.

An interesting feature of the case is the occurrence of cirrhosis of the liver with gastric ulcer. Rindfleisch attributes the cause of gastric ulcer to the occurrence of "small hemorrhages from the superficial venous trunks of the gastric mucous membrane," caused by "the temporary stagnation of the blood's afflux" in the act of vomiting. "The hemorrhagic infarction becomes a caput mortuum, its organic connection with the healthy mucous membrane is destroyed, and the actual separation only a question of time." This separation is greatly facilitated by the action of the gastric juice, which immediately attacks the dead mucous membrane.

In cirrhosis of the liver there is a constant obstruction to the return of venous blood from the stomach through pressure upon the portal vein, rendering hemorrhage extremely liable to occur during the act of vomiting or even independently of it. I am not aware that any frequent connection has been noticed between the two diseases, but, if so, it would seem to add additional weight to Rindfleisch's theory of the pathology of gastric ulcer.

II. Dysenteric inflammation, with cystic kidneys.—P. D., seaman, æt. 62, was admitted to the Episcopal Hospital on the 2d of May. He had been on a voyage to the French islands on the east coast of Africa, and during the passage home he had suffered from diarrhoea, with colicky pains in the stomach and bowels, and occasionally passed blood by the rectum. On the voyage home, five of his shipmates and the mate died, after complaining of the same symptoms.

The patient grew steadily worse, remedies having no control over the dysentery, and he died on May 12, ten days after admission. Three days before death he passed a quantity of blood, estimated at a quart by the nurse, per rectum. The *post-mortem* revealed a healthy state of all the abdominal viscera except the large intestine and kidneys. There are no ulcers visible upon the mucous membrane of the colon and rectum, which is swollen and greatly congested. The kidneys present numerous cysts of large size.

During life the urine was not examined, no symptoms pointing towards disease of the kidneys. The patient was conscious up to within two hours of his death.

Dr. BERTOLET presented a piece of ham infested with *trichina spiralis* that had been sent to him for microscopical examination. To the naked eye it did not present any abnormal appearances, although the muscular fibres were quite densely packed with the trichinæ:

* Leçons de Clinique Médicale faites à l'Hôpital Lariboisière.

this was easily accounted for by the fact that many of the parasites were still in the migratory state; others again were encapsuled, but the surrounding membrane had not yet been rendered opaque and thus visible to the unaided eye as white dots by the deposition of calcareous matters. No trichinæ were found in the layers of fat surrounding the muscular tissue. The fibres of the latter still presented their transverse striations, except in the immediate vicinity of the capsules, where they were cloudy and disintegrated, while at the same time the sarcolemma and interstitial connective tissue were greatly thickened.

He stated that it was presumable that the animal had been slaughtered within a brief time after being infested. It had been ascertained by experiment that from one to three months must elapse before the capsules become opaque.

Portions of this same ham, which had been cured and smoked, were eaten uncooked by a family at Harrisburg, all the members of which were taken violently ill upon the third day, one of the cases terminating fatally in less than a week's time. The communication received did not state what symptoms the patient had presented, but generally, in those rare cases where the disease proves so rapidly fatal, there is violent gastroenteritis, with more or less pronounced peritonitis. Usually trichinosis assumes a much slower progress, giving rise to intense muscular pains and œdema, simulating muscular rheumatism.

Dr. DE F. WILLARD presented the specimens from a case of *chronic tubercular pleurisy with large effusion*, from A. B., male, 28 years of age; admitted to the Presbyterian Hospital May 23, 1874. Walked to the hospital, and did not complain of much fatigue. The only history gleaned from him was to the effect that he had had what he called an attack of "pneumonia" (undoubtedly pleuro-pneumonia) about three months previously, which detained him in bed for several weeks. His health had been failing for some months previous to this attack, but since that he had been totally unfit for work, although he has not been under a physician's care. On admission, his left thoracic cavity was found full of liquid, but no further examination was made that night. The next day he was seized with violent dyspnoea, and died within less than twenty-four hours from the date of admission. Just before and immediately subsequent to death a large amount (a pint) of thin frothy fluid was discharged from his nose and mouth.

Autopsy, at which time was first seen by Dr. De F. W. In the left pleural cavity were found three and a quarter quarts of serum and pus intermixed with flakes of lymph. The lung was compressed into a mass about the size of two fists, and was firm and dense. Both the parietal and visceral layers of the pleura were greatly thickened, and the former could be easily detached from the inner surface of the ribs without tearing. The entire pleural surface was covered with a dense layer of whitish, tough, semi-organized lymph, with large fringes and folds which hung loose and floated in the liquid, filling the cavity. At one or two points, small, feeble bands were stretched across the space from the surface of the visceral pleura to the parietal layer. The lung, when opened, revealed a large cavity at the apex, filled with pus, and the entire condensed portion was filled with tubercles undergoing various stages of caseous degeneration. No healthy lung-tissue existed. The right lung contained a small cavity at the apex, and the upper and middle lobes were quite thickly studded with miliary tubercles. The whole lung was filled with an effusion of serum, which was undoubtedly the cause of his dyspnoea and sudden death. The heart, liver, kidneys, and other organs were comparatively healthy in their superficial appearances. The operation of tapping had been considered, but the

crippled condition of the left lung was such as to have prevented any expansion even had the pressure been removed.

The PRESIDENT asked as to the cause of this sudden death. In his opinion, it was highly important to note the peculiarities of these cases in which this shocking accident occurs, since the possibility of such a termination constitutes one of the strong arguments in favor of a timely operation.

Dr. J. EWING MEARS exhibited a small portion of the lower end of the *ileum*, removed from a child aged 2 years and 3 months, the cause of whose death was *typhoid fever*. The apparent absence of prodromic symptoms, and the rapidly fatal termination which took place, seem to make the case one of more than ordinary interest.

The case occurred in a family in which the mother had been under treatment for some time for a chronic disease. Attention was first directed to the child on the morning of the 13th inst., and treatment was asked for a condition of purulent ophthalmia of the left eye, which had suddenly developed itself. The associated symptoms of slight heat of skin, increased temperature, and coating of the tongue, were attributed to the local condition, and therefore did not attract particular attention. The statement furnished by the parents was that the child had been in apparent good health until this date,—had engaged in play with his playmates, and shown no signs of impending ill health. There was no diarrhoea, so far as could be ascertained, and tympanites was not present. The child manifested some irritability on being disturbed, obeyed, however, when spoken to, and was perfectly rational. Local treatment was directed to the eye, and a mild purgative ordered; also a febrifuge mixture; milk and beef-essence for a diet.

In the evening the condition of the patient did not appear to be much changed, except that he complained of cephalalgia. The purgative had acted, without producing hypercatharsis. The temperature and circulation were not increased.

At the next visit, on the morning of the 14th, a marked change was observed to have taken place in the condition of the patient. The pulse was 130, the temperature was notably increased, the tongue was dry, and, except the edges, covered with a brownish coating. Delirium was present, though not very active in character. An involuntary evacuation of fæces had occurred, which was of a yellowish color. There was tympanitic distention of the abdomen. The conjunctival inflammation had somewhat subsided. The symptoms continued to increase in severity until evening, when coma and convulsions occurred, in which the child died, shortly after midnight.

Sixteen hours after, an *autopsy* was made by Dr. W. H. Parish, and the following conditions noted. The dependent portions of the body were markedly discolored from hypostatic congestion. Brownish spots of varying sizes and shapes covered the trunk and extremities.

The vessels of the meninges of the brain were engorged, and sections of the cerebrum and medulla oblongata showed great congestion of the contained blood-vessels. The ventricles were empty. The medulla and upper part of the cord were firm; no evidence of softening. The lungs were normal, the heart firm and contracted. The mucous membrane of the stomach was covered by blackish deposit, which was readily removed, showing the surface normal. The liver was not affected. The gall-bladder was much distended. The adjacent intestines were much stained by contact with the gall-bladder. The spleen was enlarged and congested. The mucous membrane of the small intestine exhibited a very marked reddening, which attracted attention at the duodenum, by the contrast

with the inner coat of the stomach. The solitary glands throughout were enlarged, and Peyer's patches showed beginning ulceration. The mesenteric glands were in great numbers enlarged, varying in size from that of a pea to that of an almond. The kidneys and bladder were not examined.

In connection with this case, it is interesting to mention that on the day of the death of this child another member of the family, a girl aged 5, was attacked with typhoid pneumonia, which terminated favorably.

REVIEWS AND BOOK NOTICES.

ELECTRO-THERAPEUTICS. By D. F. LINCOLN, M.D., Physician to the Department of Diseases of the Nervous System, Boston Dispensary. Philadelphia, H. C. Lea, 1874.

When Solomon wrote, "Of making many books there is no end," he probably had in his mind's eye modern electro-therapeutics: if he had not, his prophecy was one of those generalizations which often apply so strikingly to individual cases. Probably the *raison d'être* of many of these books is the hope that they will prove efficient nets in catching practice; and we can see no other reason for the birth of the present brochure. It is a good book in many ways, free from any striking faults, but equally free from anything strikingly new. We do not think it has the charming simplicity and directness of Reynolds's book, but it is much fuller in many ways, and also has the great advantage of having good cuts, which show the various "motor points." To the novice we can commend it as an introduction to the use of practical electricity, and we doubt not that it will succeed in getting a share of the market from its older rivals.

THE MEDICAL REGISTER OF NEW YORK, NEW JERSEY, AND CONNECTICUT, FOR THE YEAR COMMENCING JUNE 1, 1874. New York, William Wood & Co., 1874.

How valuable books of the present kind are to very many persons, our readers know as well as we do. The volume before us is published under the auspices of the New York Medico-Historical Society, and, so far as one living at a distance can judge, its editor, Dr. Alfred E. M. Purdy, has done his work judiciously and thoroughly. In truth, this closely-printed book of nearly 400 pages must represent a very large amount of work on the part of Dr. Purdy, and must be a veritable encyclopædia of important knowledge to those having dealings with the profession in the region over which it has cognizance. We wish the editor would enlarge the scope a little, so as to take in Boston, Philadelphia, and Baltimore, and believe such a venture would be a financial success. Perhaps, however, the General Medical Directory preparing in this city will render this unnecessary.

PHILOSOPHERS AND FOOLS. A Study. By JULIA DUHRING. 12mo, pp. 357. Philadelphia, J. B. Lippincott & Co., 1874.

This collection of essays can scarcely be classed among medical books; but, as the authoress is a sister of one of our most esteemed contributors, and as certain of the chosen topics are subjects closely allied to important medico-social problems, we call the attention of our readers to the brochure. All of the essays are well written and clearly thought out, but we think our readers will probably most enjoy the chapter upon women. A sensible thinking woman's opinion upon that most recondite mass of potentialities and desires ought always to command respect, and when, as in the

present instance, there is freshness both of conception and of putting forth, that respect becomes heightened by the interest excited. Next to the essay upon women, and perhaps even superior to it, as more introspective, is the one entitled "Greater than Sceptres." In it is handled, with a peculiarly feminine touch, the old but ever-fresh story of love.

SELECTIONS.

ALCOHOL.—As most of our readers know, Dr. Carpenter, of London, has been a most staunch advocate of "temperance." But he has been too much for himself, and has furnished Dr. Parkes an account of his own case for publication:

"After having been a water-drinker during all the earlier part of my life, and enjoying a fair measure of health and vigor, I broke down about ten years ago under the pressure of excessive work, and, besides a local disorder, I then suffered from a total loss of appetite and enfeeblement of the digestive power, so that my whole system was undergoing a rapid lowering. My medical friends recommended me powerful tonics, combined with three glasses of sherry daily, and on this regimen I improved even more rapidly than they expected, and was able in a month's time to enjoy a tolerable dinner, gradually reducing the quantity of wine I took with it. They had at first expected that I should be obliged to winter in the south of Europe; but I rallied so fast that this idea was soon abandoned, and I was able to return to my work after a three-months' absence. Ever since that time I have taken a couple of glasses of light claret with my dinner, and this fluid suits me very well. I often reach home very tired, and feeling as if I could eat nothing, and I am certain that without this little 'flip' I should eat nothing. The question lies, therefore, in such cases, between the use of the slight alcoholic stimulus and the inadequate nutrition of the body, and I cannot myself doubt which is the *least* of what I am willing to admit to be *two evils*."

Upon this Dr. Parkes says, "Coming from such a man, this evidence seems to me indisputable, and, coupled with that derived from watching patients with weak digestions, I think may be called conclusive."

DISEASE IN OUR BOOTS AND SHOES.—Sir James Paget occasionally gives a clinical lecture at St. Bartholomew's Hospital. On the 1st of June he gave one on "Maladies produced by Boots and Shoes," which is very well reported in the *Students' Journal*, and which possesses so much interest that we transcribe the teaching of Sir J. Paget on this important but neglected subject.

Maladies depending on the wearing of too small and badly-fitting boots are very numerous, such as deformities of the toes, bunions, corns, in-growing nails, painful bursæ, etc. In order to study deformities of the toes, said Sir James, you should obtain a good idea of a perfect foot. In a perfect female foot you find—

1. Great width and fullness of instep.
2. Well-marked great toe.
3. Long second toe, projecting a little beyond the great toe.
4. Very small, or in some cases almost suppressed, little toe.

In the male the great toe is not quite so prominent as the second. The feet of all persons cannot be deformed, nor can corns and bunions be produced in every one. It is doubtless owing to their complete re-active nutrition, the repair that takes place in the night being more than enough for the day's waste. This is not impossible when one remembers the complete repair that occurs after great muscular waste, as in

athletes. The troubles then set up in the integuments, fasciæ, and tendons of the toes are rather to be regarded as diseases set up by the pressure and friction of boots.

1. *Mutual compression of the toes.*—Naturally there is a considerable interval between the first and second toes, and in a less degree between the others, so that when the foot bears the weight of the body, each toe is free from contact with its fellow: hence, in wet clay you would receive a separate impression of each. In the deformity, though, which is produced by small boots, the toes are squeezed together, so as to form a transverse arch, the first and second toes then only bearing the weight of the body. Thus there are formed—

1. Soft corns between the toes by their friction on each other.

2. Hard corns on outer side of little toe and inner side of great toe, and projecting points pressed upon.

3. Complete immobility of the toes, except the great one. The natural mobility in civilized nations does not exist now in more than about one person in five hundred.

4. Painful bursæ between metatarsal bones.

5. In extreme cases corns and chafed spots are produced by the squeezing and rubbing together of the pads of the great and little toes.

Kid gloves, though worn continually, never cause bunions, since the kid stretches to the hands; but in the manufacture of boots, especially ladies' boots, unyielding canvas is used to line them, so that the leather is prevented from stretching and showing the true shape and size of the foot. The foot enlarges when bearing the weight of the body, and also towards evening: hence a boot thus made from a measure taken when the foot is suspended in the air, and in the morning, is too small for the foot in the evening. Women's feet are generally measured in the air, but men's when they are standing on them. The high heels in ladies' boots, too, will be always causing them to walk down-hill, however level the path may be, thus driving the foot more and more to the front. In a well-made English boot this is prevented to some extent.

II. *Deflexion of the toes* falls chiefly on the *great toe*, the result of wearing—

1. Boots too narrow in front.

2. Boots (now out of fashion) having the point in a line with the centre of the heel; the big toe, which naturally is in a line with the inner side of the heel, being deflected outwards towards the point.

3. Short boots especially. In them the great toe is brought sharply in contact with the end, and as the tarsus and metatarsus will not yield much, and the metatarso-phalangeal joint will, a deflexion of the great toe takes place outwards, and sometimes downwards. This is the most frequent and worst form. This deflexion of the great toe is the source of great trouble, as bunions occur over the metatarso-phalangeal joint, soft corns on the second, third, and fourth toes, under which it lies, and, worst of all, a total loss of movement in the great toe.

Treatment of the above deformities.—If just beginning, keep the toes apart by pads of plaster. Isinglass plaster upon felt is the best. The pad must be worn day and night. Of course, bad boots must be left off. The treatment by night is even more important than that during the day, for then especially repair goes on, and the least relaxation in the night more than undoes the good done in the day. Sometimes it has been considered necessary to divide tendons; but these do not produce the deformity: they merely adapt themselves to it. If they are divided, the deep-seated fibrous textures should be divided as well. In the worst cases the great toe has to be amputated.

Deformities of the second toe.—It is doubtful whether these deformities are due to the wearing of bad boots,

as sometimes they are hereditary. There are two kinds:

1. The last phalanx may be turned straight downwards, and is then called the hammer-toe. It is found occasionally in the other toes.

2. Extreme flexion of the first phalangeal joint. It is certainly hereditary, for it is frequently found in children who have never worn boots, but it is greatly aggravated by wearing boots, since corns form on projecting parts.

In the old classic statues the second toe projects beyond the first; but that natural type of foot is going out. The great toe seems now to project beyond the second. In people with flat feet this is always the case. Some say that the deformities of the second toe are congenital; but it is probably an early-produced disease of the fibrous textures.

Treatment.—If beginning in a child, you may cure it by applying a wooden splint below, and keeping it bandaged night and day. When deformity is more advanced, divide the flexor tendons, and apply a splint below, or a splint on the dorsum of the foot, arranged with loops. In later life it is impossible to cure the deformity; but amputation should be done at the point of extreme flexion, not at the metatarsal joint.

The third and fourth toes have no special deformities. They only suffer by being lifted up or pushed down.

The little toe sometimes is almost suppressed, from atrophy resulting from pressure.

Boots then may, besides other diseases, cause deformities which lead to the hardening and contraction of the fibrous structures around the joints.—*The Doctor.*

GLEANINGS FROM OUR EXCHANGES.

USE OF THE CATHETER IN ENLARGED PROSTATE (*The New York Medical Journal*, July, 1874).—Dr. W. H. Van Buren does not believe that the occurrence of prostatic urinary obstruction in a man who has passed the prime of life is evidence that he is beginning to "break up," or that there is little use of undertaking measures for his systematic or permanent relief. He has seen too many instances of cessation of all urgent symptoms with arrest of progressive disease by proper surgical treatment to admit that this is the right course. We have no medical remedy whereby enlargement of the prostate may be checked or dissipated, but the results which follow this enlargement when it encroaches upon the outlet of the bladder may be palliated by accomplishing the removal of the urine just as soon as possible after the natural power has given signs of failing. Commencing with the catheter early, it should be persevered in with gentleness and judgment, regularly and systematically, until a tolerance of it is acquired by the patient, and until he has been taught to use it for himself, and to rely upon it entirely for emptying the bladder. The symptoms of prostatic obstruction, and the coincident pathological changes in the urinary organs by which they are explained, might be interrupted at once by any means capable of preventing the increased muscular effort or straining which the mechanical impediment compels the patient to employ each time he attempts to pass water. The reflex nervous action constantly stimulating the bladder to spasm, the consequent dilatation, sacculation, pouching, and muscular hypertrophy of the bladder, the secondary obstruction which grows up at the outlets of the ureters, where they traverse for three-quarters of an inch the thickening walls of the bladder, giving rise to distention of these tubes and threatening invasion of the kidneys, and, sooner or later, retention of urine,

converting the passive congestion at the neck of the bladder into positive inflammation and leaving behind it a suppurating surface within its cavity, attended by symptoms of catarrh, which when once established never again entirely disappear,—all these results could be prevented if the use of the catheter were adopted early and relied upon entirely. The only exception to the relief thus afforded would be in the case of the passive congestion at the neck of the bladder already mentioned, and caused by the pressure of the prostate on the veins of the vesical plexus. Later consequences which might thus be avoided are atony of the bladder, calculus, and uræmic poisoning. If, after having learned to use the catheter once or twice in the twenty-four hours satisfactorily, the patient's calls to urinate in the intervals are still too frequent, or if the act continues to be in any respect imperfectly performed, it is evident that the pathological changes being caused by the obstruction are still progressive, and that to arrest them definitively he must make up his mind to give up all effort to pass his water in the natural way, and work up to the entire substitution of the catheter.

THE ACTION OF PURGATIVE MEDICINES (*The Practitioner*, May and June, 1874).—It is generally believed that most purgatives increase the number of the stools and render them more fluid in a double manner: first, by stimulating the intestine to increased peristaltic action, and, secondly, by inducing a discharge of fluid from its mucous surface. Some purgatives, like aloes, are supposed to act almost entirely in the former way, others, like bitartrate of potassium, in the latter, while others again, like croton oil, are supposed at the same time to increase the flow of fluid and the peristalsis. Several eminent German authors are inclined to deny that there is any increased flow from the intestinal walls, but regard the quickened peristalsis as almost the only cause of purgation, believing that the liquid stools are produced by the contents of the intestine being hurried along and expelled per anum before there has been time for the absorption of their fluid constituents. Dr. T. Lauder Brunton has lately confirmed the results of Moreau and Vulpian, by repeating their experiments, showing the falsity of this latter theory. The abdomen of an animal being opened, four ligatures were tied tightly around the small intestine, a few inches apart from each other, so as to isolate three portions of intestine. A purgative medicine was then injected into the middle part, the intestine was returned into the abdomen, and the wound sewed up. A few hours afterwards the animal was killed, and on examination the middle portion of intestine, into which the purgative had been injected, was found full of fluid, while the portion on each side was comparatively or entirely empty. Dr. Brunton has shown in this way that croton oil, elaterin, gamboge, and sulphate of magnesium, all cause a copious secretion from the intestine.

Purgatives prove useful in many ways. They hurry the food out of the alimentary canal, and thus lessen the injurious effects of over-eating. By expelling irritating substances from the intestine, they arrest diarrhoea and remove headache and other pains caused either by the abdominal irritation or by the absorption of poisonous matters produced by imperfect digestion and decomposition of food. They relieve biliousness by removing bile, and are most efficient aids in the treatment of chronic poisoning by lead, mercury, or other metals. It is probable that pepsin and pancreatic ferment are absorbed from the intestine and circulate in the blood, where the latter assists in the production of animal heat. They are then secreted anew by the stomach and pancreas, and do their work again. Purgatives lessen their quantity as well as that of the bile; they may thus be useful in fevers, but they injure old

and feeble persons, both by diminishing their calorific power and impairing their digestion. They relieve inflammation by lowering the blood-pressure and thus lessening the congestion; and they prove beneficial in dropsies, both by abstracting water from the blood and diminishing congestion in the kidneys.

DEATH FROM RUPTURE OF AN ANEURISM DURING TRACHEOTOMY (*The New York Medical Journal*, May, 1874).—Dr. J. H. Pooley reports the case of a man, æt. 34 years, who suffered from great and increasing dyspnoea, the cause of which was diagnosed to be stenosis of the trachea from pressure on it by a tumor, the character of the latter not being made out. There was also paralysis of the left side of the larynx. Tracheotomy was decided upon and was commenced, but the patient suddenly died while still on the table.

An examination of the body was made soon after death, and revealed the existence of two aneurisms, one of the arch and descending aorta, and one of the arteria innominata: both of these had become converted into solid tumors by the coagulation and solidification of their contents; they were filled with a very firm, laminated fibrin. At the lower and outer part of the innominate aneurism, near the tube of the artery which was atheromatous and softened, there was an irregular triangular rupture, with a valve-like flap of the coats of the vessel, and in the right pleura about three pints of recently-effused blood. This aneurism pressed directly on the lower part of the trachea, diminishing its calibre one-half. The aortic aneurism was twice the size of that of the innominate, and, like it, perfectly consolidated and filled with laminated fibrin of firm consistence; running over its surface, and stretched and flattened, could be seen the recurrent nerve, which was no doubt the cause of the paralysis, dyspnoea, and cough, though the pressure of the other tumor may have had its share; the lungs and heart were healthy; the aorta and other large arteries, so far as examined, were atheromatous.

THE ACTUAL CAUTERY IN UTERINE THERAPEUTICS (*Missouri Clinical Record*, July, 1874).—Dr. M. A. Pallen considers the actual cautery as one of the most powerful adjuvants in gynecological therapeutics.

The lesions for which the actual cautery may be employed are hypertrophy of the uterine fundus and cervix following parturition (sub-involution), nascent metritis (hyperæmia, infiltration, and enlargement with or without follicular erosion of the cervix), chronic metritis with induration and persistent enlargements (areolar hyperplasia), heterologous growths either pronounced or suspected (such as lupus, fungoid, and epithelioma).

In chronic metritis from sub-involution, etc., the derivative effects of the actual cautery are very beneficial.

In acute metritis after disgorgement of the cervical tissue by scarification or leeches, and a corresponding drain upon the uterine vessels by appropriate catharsis, there is no more powerful agent in the maintenance of permanent vascular contraction than the actual cautery, applied several times at intervals of ten or fifteen days. Cellulitis, peritonitis, salpingitis, parapelvometritis, and erysipelas may be classed as contra-indications to the use of the actual cautery. After detailing the mode of procedure to be employed in appropriate cases, Dr. Pallen says,—

"One rule, almost a *sine qua non*, which I invariably follow after all severe operations upon the pelvic organs, is to bring the patient as rapidly as possible under the influence of quinine as soon as the reactionary stages indicate any increase of temperature." He has learned clinically that cinchonism to a slight degree is fraught with decided benefit.

RISE OF TEMPERATURE AFTER DEATH FROM FRACTURE OF THE CERVICAL SPINE (*The Lancet*, June 27, 1874).—Mr. A. Godfray reports the case of a sailor who fell and struck the nape of his neck with full force against the bulwarks of a ship. He had all the evidence of a fractured spine: priapism, distended bladder, complete paralysis, etc. His skin was hot and perspiring, and about five minutes before his death the temperature began slowly to rise.

Temperature 106° , as taken between the scrotum and groin, almost at the moment of death (11 A.M.). Five minutes after death (11.5), temperature 107° ; 12 A.M., temperature 105.3° ; 12.30, temperature 105.2° .

Temperature in rectum 109° (12.30), as compared with 105.2° in groin; temperature 108.2° , 1 P.M.; 107° , 1.30 P.M.; 106.2° , 2 P.M.

The possible causes which may serve to explain the extraordinary rise of temperature observed in this case are the following:

1. Contraction of muscles throughout the whole body—i.e., rigor mortis.
2. Contraction of cutaneous capillaries, tending to continuation of circulation in deeper parts, whilst forming a non-conducting blanket generally.
3. Paralysis of the nerve-centre regulating or inhibiting the temperature of the body; cause unknown.

ANAL ULCERATIONS (*New York Medical Journal*, July, 1874).—Drs. Peau and Malassez, in their work entitled *Etudes cliniques sur les Ulcérations anales*, enumerate the following causes and plans of treatment:

Erythema of the anal region may be induced and caused by foul discharge, copious sweating, hemorrhoids, pediculi, pruritus, want of cleanliness, obesity, long walks, badly-fitting and rough clothes. One or more of these conditions may co-exist in the same case. The erosions of the integument result from this erythematous condition, and they may be seated around the margin of the anus, in the sphincteric portion, and in the folds. They have a bright-red surface, ordinarily studded with little whitish points. They exhale an offensive odor, and their presence renders defecation painful. In some cases they become chronic. The treatment consists in carefully drying the parts, and avoiding chafing, and in the application of mild astringent lotions, starch in powder, lycopodium, and subnitrate of bismuth, with the interposition of soft linen. Repose is often very necessary. When internally situated, tampons saturated in glycerole of tannin or other astringent solution are very beneficial. When vaginal discharges, hemorrhoids, or worms exist, attention must be paid to their removal.

DIPHTHERIA (*The British Medical Journal*, May 9, 1874).—At a meeting of the Medical Microscopical Society, Dr. Greenfield read a paper upon "Diphtheria," founded upon the microscopical examination of specimens from five cases. The author stated his belief that the obscurity and doubt which still seemed to exist upon the origin and structure of the diphtheritic false membrane arose, in part, from the confusion in the nomenclature in common use, especially the fact that "croupous" and "diphtheritic" were terms used in different senses, clinically and histologically. An examination of his cases showed in all the larynx and trachea the mucous membrane, and usually the deeper tissues, in a state of more or less intense inflammation of ordinary character; whilst the false membrane consisted, for the most part, of a stratified net-work of a substance giving the reactions of fibrin, in the meshes of which were contained altered epithelial cells. The amount of adhesion to the mucous membrane was various, but in no case did the exudation actually pass into its substance, although in some cases it appeared adherent by fibrinous bands to the papillæ. He stated

his belief that the false membrane consisted in part of a catarrhal process, with modifications in the epithelium, and in part of a true fibrinous exudation.

A SIMPLE METHOD OF REDUCING THE DISLOCATION OF THE FORE-ARM BACKWARDS (*The New York Medical Record*, July 1, 1874).—Dr. Alexander Murray relates a case of the above dislocation which he reduced in the following manner:

He took his position at the outside of the dislocated arm, and placed the palm of his right hand to the palm of the patient's left, dovetailing his fingers between each of those of the latter. In this way he had secured a firm hold to make extension. He then placed his elbow as a fulcrum and for counter-extension on the fore-arm in front and against the lower end of the humerus, and by a steady pressure downwards and backwards, and at the same time flexing the fore-arm towards the shoulder, caused the luxated bones in a few moments to slip into their natural place.

If the injured individual be too weak, or unable to stand erect, he should be seated sideways on a chair, and made to grasp its back firmly with the sound arm, while the surgeon takes his position at the side of the injured limb parallel to the patient.

HYDRATE OF CHLORAL IN NOCTURNAL INCONTINENCE OF URINE.—Dr. Vecchietti Eduardo has successfully treated several cases with this drug. He believes that idiopathic nocturnal incontinence is due to hyperæsthesia of the bladder, and that chloral acts as an anæsthetic of the great sympathetic.

FRECKLES (*The Druggist*, February, 1874).—Powdered nitre, moistened with water and applied to the face night and morning, is said to soon remove all traces of freckles.

MISCELLANY.

THE APOTHECARY'S OATH.—Who is the guardian saint of the apothecaries we do not know; but somebody has disinterred an ancient oath which formerly had to be taken by every French pharmacist. It runs thus:

"I take to witness, before all, God the Creator of the Universe, in three persons, that during the whole of my life I will observe that which follows:

"I will live and die in the Christian faith. I will honor my parents. I will honor the physicians and masters under whom I have studied. I will never say anything that shall be injurious to the seniors of our order, or to others. I will adorn with my best the dignity of the art, and I will not reveal its secrets. I will do nothing imprudently nor through hope of gain. In acute sickness I will not give purgatives without the order of the physician. I will not touch the secret parts, except to apply remedies to them. I will keep the secrets of the patients. I will administer no poison, neither will I allow it to be administered, even to my enemies. I will not give an abortive remedy, even to provoke the expulsion of a fœtus, except upon the order of a physician. I will not alter the prescriptions of physicians. I will never substitute one remedy for another without their knowledge. I will discourage the fatal practice of empirics. I will refuse to no person my legiti-

mate assistance. I will not keep in my pharmacy stale or badly prepared medicaments.

"In making and observing these rules, may God assist me. *Ainsi soit-il!*"

That is not such an antiquated oath but that we should like to see it revived and respected.—*Medical and Surgical Reporter*.

In a late issue, our venerable cotemporary the *Medical and Surgical Reporter* most gallantly takes upon itself the defence of the oppressed sex. Some one, it seems, not having the fear of his wife before his eyes, or, more probably, being an unregenerate bachelor, "has asserted that a woman has never invented any really valuable mechanical device." Our learned editorial brother "rejoices, therefore, to borrow from a contemporary that Mrs. Ella N. Gaillard has recently invented"—a needle.

M. HARDY, one of the Professors of the School of Medicine in Paris, was recently denounced by the *Univers* for classing the confessional among the predisposing causes of insanity, and the students, by way of protest against the clerical party, saluted M. Hardy, on his resuming his course of lectures, with a double round of applause. The *Univers* stigmatizes them as "irreverent sawbones."

THE state of Dr. Hugh Bennett's health is such as to preclude all idea of his spending the winter in Scotland, and he has, therefore, resigned the chair of physiology at the University of Edinburgh. The principal candidates for the chair, according to recent advices, are Dr. Rutherford, of King's College, Dr. Bell Pettigrew, and Dr. McKendrick.

DR. BURDON SANDERSON has been appointed to the chair of anatomy and physiology in the University College, London, recently vacated by the resignation of Dr. Sharpy, who had held it over forty years.

DR. HENRY HARTSHORNE, of this city, has been invited to attend the next meeting of the British Association as the guest of the Association.

BISHOP LINCOLN is reported to have preached at Westminster Abbey a sermon against cremation, because "it would endanger the doctrine of the resurrection"!!

DR. LEMUEL J. DEAL, of this city, has recently been elected to the chair of chemistry in the Missouri Medical College, St. Louis.

NOTES AND QUERIES.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

SIR,—In the number of the *Medical Times* dated July 4 is a letter signed "A Medical Officer," which is, I think, likely to give rise to mistaken views on the part of the profession in relation to the matters of which "A Medical Officer" writes. I cannot but think that the writer of the letter in question is mistaken in several particulars, and especially in thinking that he expresses the views of the medical staff of the army in calling upon the American Medical Association to take action upon the points specified.

As to the first point: I know of no order which gives a line officer authority to decide, when a medical officer is present with his command, whether an enlisted man shall or shall not be allowed to go on the sick list. Nor am I acquainted with any medical officer of the army who would per-

mit such an assumption of his duties, involving, as it would, injustice to the soldier and discredit to his own position, without making a prompt protest to his immediate commanding officer, or, if necessary, to higher authority.

In the only instance in which I have found it necessary to make such a protest, the commanding officer of the post promptly informed a lieutenant who had refused to permit an enlisted man of his company to go to the doctor at sick-call, that he had no right to do so, and in future must not decline to send to the doctor at sick-call any man of his company who reported himself sick.

It is well understood in the army that every officer and enlisted man reporting himself sick has a right to the opinion of a medical officer as to whether he is or is not able to perform his duties, and that this decision is final.

In the company sick-books which have been in use for several years past, the following certificate is printed at the bottom of each page:

"The above cases have been examined by me before being sent to the surgeon.

"NOTE.—To be signed by any commissioned officer of the company."

I have heard company officers argue that the right to decide who shall and who shall not be allowed to go to the doctor is implied in this certificate, but I have never known such a claim to be admitted by a medical officer or sustained by a post commander.

The reason for having the men who report themselves sick examined by a company officer before being sent to the doctor, appears to me to be evident, and the practice to be a good one.

The company officer, having a more intimate acquaintance with the character and habits of his men than the doctor is supposed to have, may give him information which will assist him in forming an opinion as to the nature or cause of the disease from which the man professes to be suffering, or in deciding whether he is malingering. This information may be conveyed in the form of a remark opposite the man's name, or as a message sent by the sergeant who acts as sick-marcher. Thus, the remark may be made, "confirmed malingering," "drunk yesterday," "old soldier," "reliable man," etc., etc. To a medical officer who has recently joined a command, such information is of great value, as the "dead-beats" are very likely to attempt to impose upon him, and may succeed unless he is well on his guard.

As to the propriety of always assigning medical officers strictly according to their rank, there is certainly room for a difference of opinion. If a medical officer when he arrived in a department were allowed to select any station he preferred among those occupied by his juniors, and the junior thus displaced to oust any one below him on the list, it would lead to a constant change of station, prejudicial to the interests of the service, and involving great inconvenience and pecuniary loss on the part of medical officers. Again, if the medical officers were "by law allowed to claim precedence of posts according to rank," the interests of the service would often suffer, by the more experienced selecting small and unimportant posts because they were in desirable locations, while posts of greater importance, by reason of their large garrisons, or location in the vicinity of hostile Indians, would be left to those who had recently entered the service.

The right of a medical officer to a choice of station according to his rank and previous services is generally recognized by medical directors so far as is consistent with the interests of the service and the rights of his juniors. The present system of changing medical officers from one department to another about once in three years seems to me to be an excellent one, and to be based upon a desire on the part of the Surgeon-General to do justice to all. So far as I have been able to ascertain, it gives general satisfaction to the medical staff of the army.

ASSISTANT-SURGEON.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM JULY 21 TO JULY 27, 1874, INCLUSIVE.

WRIGHT, J. P., SURGEON.—To report in person to the Commanding General, Department of the Missouri, for assignment to duty. S. O. 159, A. G. O., July 23, 1874.

PHILLIPS, H. J., ASSISTANT-SURGEON.—Relieved from duty in Department of the Columbia, to proceed to New York City, and on arrival report by letter to the Surgeon-General. S. O. 159, c. s., A. G. O.

CRONKHITE, H. M., ASSISTANT-SURGEON.—Granted leave of absence for sixty days, to take effect no later than September 1, 1874, providing he furnishes a suitable substitute during his absence. S. O. 35, Military Division of the South, July 23, 1874.

CHEBONNIER, A. V., MEDICAL STOREKEEPER.—To report in person to the Surgeon-General of the Army. S. O. 160, A. G. O., July 24, 1874.